## NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) CSO DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD: January / 2012

**NO. CSO DISCHARGES OCCURRED:** 

4

## MONTH / YEAR

NAME: CITY OF MATTOON WWTP PERMIT NUMBER: IL0029831									
ADDRESS	<b>S:</b> 820 S. 5 <sup>TH</sup>	PLACE	CERTIFIED MAIL 1 <sup>st</sup> EDMR - CSO						
CITY: MATTOON STATE: ILLINOIS ZIP CODE: 61938 TELEPHONE: (217) 234-6828									
RAIN EVENT	ESTIMATED DURATION	ESTIMATED AMOUNT OF	CSO OUTFALLS THAT DISCHARGED:		ESTIMATED				
START DATE:	OF EVENT (IN HOURS):	RAINFALL (IN INCHES):	OUTFALL NUMBER:	OUTFALL DESCRIPTION:	DURATION OF CSO DISCHARGE (IN HOURS);				
1-5	8	0.56	800	11 <sup>th</sup> & HOWELL ASPHALT	2				
1-5	8	0.56	004	N. RT. 45 ICRR DITCH TO RILEY	2				
1-17	8	0.81	007	6 <sup>TH</sup> AND PIATT CSO TO RILEY	2				
1-17	8	0.81	800	11 <sup>th</sup> & HOWELL ASPHALT	2				
1-17	8	0.81	004	N. RT. 45 ICRR DITCH TO RILEY	2				
1-24	12	0.95	800	11 <sup>th</sup> & HOWELL ASPHALT	4				
1-24	12	0.95	007	6 <sup>TH</sup> AND PIATT CSO TO RILEY	4				
1-24	12	0.95	004	N. RT. 45 ICRR DITCH TO RILEY	4				
1-30	22	1.14	800	11 <sup>th</sup> & HOWELL ASPHALT	10				
1-30	22	1.14	004	N. RT. 45 ICRR DITCH TO RILEY	20				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMNED AND AM FAMILIAR WITH THE		DATE		
TIM GOVER	INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILTY OF FINE AND IMPRISONMENT. SEE 18 USC \$ 1001 AND 33 USC \$ 1319 (Penalties under		1	05	12
TYPED OR PRINTED	these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	МО	DAY	YEAR

This Agency is authorized to require this information under Illinois Revised Statutes, 1991, Chapter 111 ½, Section 1039. Disclosure of this information is required under that Section. Failure to do so may prevent this form from being processed and could result in your application being denied. This form has been approved by the Forms Management Center.

IL 532 2471 WPC 659 Jan-96